

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33785**
Registrar's No. **275**

FILED NOV 9 1948-94
Registration District No. **6008**

Primary Registration District No. **6008**

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **rural Prairie Township**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **28 yrs.** (Specify whether years, months or days)
In this community **28 yrs.**

3: (a) PRINT FULL NAME **Mary Angelina Derboven**

3: (b) If veteran, name war **/** 3: (c) Social Security No. **/**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Victor Derboven** 6. (c) Age of husband or wife If alive **18** years (Month) (Day) (Year) **8-18-1877**

7. Birth date of deceased: **8-18-1877**
(Month) (Day) (Year)
8. AGE: Years **71** Months **2** Days **16** If less than one day hr. min.

9. Birthplace **Belgium** (City, town, or country) (State or foreign country) **4**

10. Usual occupation **housewife**

11. Industry or business **Stanley Crest**

12. Name **Stanley Crest**

13. Birthplace **Belgium** (City, town, or country) (State or foreign country) **4**

14. Maiden name **Mary E. Claus** (City, town, or country) (State or foreign country) **4**

15. Birthplace **Belgium** (City, town, or country) (State or foreign country) **4**

16. (a) Informant **Mrs. Richard Spicer** (b) Address **Hibgee, Missouri**

17. (a) Burial **Burial** (b) Date thereof **11-6-48** (Month) (Day) (Year) **Oakland**

(c) Place: burial or cremation **Oakland**

18. (a) Signature of funeral director **Mrs. E. Miller** (b) Address **Moberly, Missouri**

19. (a) **Nov 6-48** (b) **Leah Williams** (Date received local registrar) (Registrar's signature) **1-4**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph** **88**
(c) City or town **Moberly** (d) Street No. **510 Fulton Avenue** (If rural, give location) **no**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **4** year **1948** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov 4** 1948 to **Nov 4** 1948
that I last saw her alive on **Nov 4** 1948 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of esophagus** Duration **7 mo**

Due to **/**
Due to **/**

Other conditions **Bronchial pneumonia** (Include pregnancy within 3 months of death)

Major findings: Of operations **/**

Of autopsy **4/6**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **/**

(b) Date of occurrence **/**

(c) Where did injury occur? (City or town) (County) (State) **/**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **/**

While at work? (Specify type of place) **/** (e) Means of injury **/**

23. Signature **V. P. Spencer** (M.D. or other) **/**

Address **Hibgee, Mo** Date signed **11-5-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 18
District File Number 11-48-1903
Date Filed NOV 8 - 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Marion E. Million

Licensed Embalmer No. 398-2

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.